

For the County/City of _____

Questions concerning the preparation of this report should be directed to _____

Certification:

Auditor-Controller

(_____)_____
Telephone No.

Date

MENTAL HEALTH TRUST FUND INSTRUCTIONS

Instructions for the 2008-09 First Quarter Report.

- ◆ Reports must be returned by **December 10, 2008**, to the State Controller's Office, Division of Accounting and Reporting, County Cost Plans and Local Apportionments Section, P.O. Box 942850, Sacramento, CA 94250.
- ◆ Reports are to be signed by the Director of Mental Health and the County/City Auditor-Controller.
- ◆ Report 2008-09 first quarter deposits made July through September 2008.
- ◆ Refer to the remittance advice received with your payments.
- ◆ **Do not enter amounts in gray areas.**

Deposits

1. Sales tax
 - a. Allocation
W & I Code Sec. 17601 In column titled "September," enter the total amount allocated September 26, 2008.
 - b. Less: State Hospital Offset
W & I Code Sec. 17601 In column titled "September," enter the State Hospital Service contract offsets made in September 2008.
Note: Counties making direct payments should enter -0- and refer to line 6.
 - c. Less: State Hospital
Adjustment In column titled "September," enter the State Hospital Adjustment amount made in September 2008.
 - d. Total Sales Tax Revenue Enter the total of lines 1a, 1b, and 1c.
2. County/City Matching Funds
 - a. Mental Health Match
W & I Code Sec. 17608.05 Enter the amount of local matching funds deposited from July through September 2008 in accordance with the schedule developed by the State Department of Mental Health.
 - b. Vehicle License Collection
Allocation In the column titled "September," enter the amount deposited September 26, 2008.
 - c. Vehicle License Fees
Annual Base In the columns titled "August and September," enter the amount deposited in August and September 2008.
 - d. Total Matching Funds Enter the total of lines 2a, 2b and 2c.
3. Other (identify) Enter and identify all miscellaneous deposits.
4. Total Funds Deposited Enter the total of lines 1d, 2d, and 3.

Disbursements

5. Transfers to Operating Funds Enter the total amounts transferred to other funds for spending purposes.
6. Other (identify) Enter and identify any other disbursements made during the first quarter.
7. Total Funds Disbursed Enter the total of lines 5 and 6.

Transfers

8. Transfers In (Out) to Other
Trust Funds
W & I Code Sec. 17600.20 Enter the transfers In (Out) between trust fund accounts.

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HEALTH TRUST FUND INSTRUCTIONS

Instructions for the 2008-09 First Quarter Report

- ◆ Reports must be returned by **December 10, 2008**, to State Controller's Office, Division of Accounting and Reporting, County Cost Plans and Local Apportionments Section, P.O. Box 942850, Sacramento, CA 94250.
- ◆ Reports are to be signed by the Director of Health and the County/City Auditor-Controller.
- ◆ Report 2008-09 first quarter deposits made July through September 2008.
- ◆ Refer to the remittance advice received with your payments.
- ◆ **Do not enter amounts in gray areas.**

Deposits

1. Sales Tax
 - a. Allocation
W & I Code Sec. 17603 In columns titled "September" enter the total amount allocated September 26, 2008.
 - b. Less: CMSP Offset Enter the amounts of the County Medical Services Program (CMSP) offsets from September 2008. Note: Counties making direct payments should enter -0- and refer to line 6.
 - c. Total Sales Tax Revenue Enter the total of line 1a and 1b.
2. County/City Matching Funds
 - a. Health Match
W & I Code Sec. 17608.10(a) In columns titled "July, August, and September" enter the gross amount of local matching funds deposited from July through September 2008, based on the schedule shown in W & I Code Section 17608.10.
 - b. Vehicle License Fee
W & I Code Sec. 17608.10(b)
 - i. Allocation Enter the amount of county/city matching funds deposited as Vehicle License Fees in the columns titled "August, and September," enter the total amount allocated on August 27, and September 26, 2008, respectively.
 - ii. Less: CMSP Offset
W & I Code Sec. 17604.05 Enter the amount of the County Medical Services Program offset from August through September 2008. Note: Counties making direct payments should enter -0- and refer to line 6.
 - c. Total Matching Funds Enter the total of line 2a, 2b(i), less 2b(ii).
3. Other (identify) Enter and identify all miscellaneous deposits.
4. Total Funds Deposited Enter the total of lines 1c, 2c, and 3.

Disbursements

5. Transfers to Operating Funds Enter the total amounts transferred to other funds for spending purposes.
6. CMSP Payments Enter the amounts from counties/cities making direct CMSP payments to the Department of Health Services.
7. Other (identify) Enter and identify any other disbursements made during the first quarter.
8. Total Funds Disbursed Enter the total of lines 5, 6, and 7.

Transfers

9. Transfers In (Out) to Other Trust Funds, W & I Code Sec. 17600. Enter the transfers In (Out) between trust fund accounts.

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SOCIAL SERVICES TRUST FUND INSTRUCTIONS

Instructions for the 2008-09 First Quarter Report.

- ◆ Reports must be returned by **December 10, 2008**, to the State Controller's Office, Division of Accounting and Reporting, County Cost Plans and Local Apportionments Section, P.O. Box 942850, Sacramento, CA 94250.
- ◆ Reports are to be signed by the Director of Social Services and the County Auditor-Controller.
- ◆ Report 2008-09 first quarter deposits made July through September 2008.
- ◆ Refer to the remittance advice received with your payments.
- ◆ **Do not enter amounts in gray areas.**

Deposits

- | | |
|--|--|
| 1. Sales Tax | |
| a. Allocation | In column titled "September," enter the total amount allocated September 26, 2008. |
| 2. Vehicle License Fees | |
| a. Vehicle License Fees
Annual Base | In the columns titled "August and September" enter the amount deposited on August 27, and September 26, 2008 respectively. |
| 3. Other (identify) | Enter and identify all miscellaneous deposits. |
| 4. Total Funds Deposited | Enter the total of lines 1a, 2a and 3. |

Disbursements

- | | |
|---------------------------------|---|
| 5. Transfers to Operating Funds | Enter the total amounts transferred to other funds for spending purposes. |
| 6. Other (identify) | Enter and identify any other disbursements made during the first quarter. |
| 7. Total Funds Disbursed | Enter the total of lines 5 and 6. |

Transfers

- | | |
|---|---|
| 8. Transfers In (Out) to Other
Trust Funds
W & I Code Sec. 17600.20 | Enter the Transfers In (Out) between trust fund accounts. |
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